

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Behavioral Health and Department of Health Care Finance



Behavioral Health Integration Stakeholder Advisory Group
Meeting Minutes

July 28, 2021

WebEx: <https://dcnet.webex.com/dcnet/j.php?MTID=me4f983a0a811c7e580ec174b8af69e8f>

(Meeting Number 172 017 9141; Password dbGWymPE422) or

Phone: 1-202-860-2110 (Access Code 172 017 9141)

Stakeholder Advisory Group Members

| Name | Affiliation/ Designation | Attendance |
|----------------------|--|-------------------|
| Gail Avent | Total Family Care Coalition | |
| Matt Biel | MedStar Health | |
| Robert Buck | Family Preservation Services, Inc. | |
| James Campbell | PSI | Present |
| Irma Clay | DC Metropolitan Foster and Adoptive Parent Association | Present |
| Tanya Covington | Consumer and Caregiver | |
| Dr. Beth Crawford | Maryland Family Resource | Present |
| Marc Dalton, MD, MPH | HSCSN Health Plan | |
| Sheandinita M. Dyson | McClendon Center | |
| Mark Fracasso, MD | MedStar Family Choice-DC | |
| Christine Golden | HSCSN Health Plan | |
| Sharra Greer | Children's Law Center | Present |
| Jean Harris | NAMI DC | Present |
| Sarah Hoffman | Children's National Hospital | Present |
| Donise Holley | Consumer and Former Caregiver | |
| Katrina Huey | Consumer | |
| Gayle Hurt | DC Hospital Association | |
| Rhonda Johnson | Certified Peer Specialist | Present |
| Mark LeVota | DC Behavioral Health Care Association | Present |
| Michele May | Deaf Reach, Inc. | Present |
| Dr. Yavar Moghimi | AmeriHealth Caritas DC | Present |
| Maria Nunez | Capital Clubhouse, Inc. | |
| Dr. Lavdena Orr | AmeriHealth Caritas DC | Present |
| Jenise Jo Patterson | Parent Watch Inc. | |
| Jennifer Pauk | Unity Health Care | Present |
| Michael Pickering | RAP, Inc. | Present |
| Shawnique Poole | Consumer | Present |
| Juanita Price | Hillcrest Children and Family Center | Present |
| Dr. Randy Pumphrey | Whitman-Walker Health | |
| Patricia Quinn | DC Primary Care Association | Present |
| Elizabeth Reddick | Consumer | |
| Christy Respress | Pathways to Housing | Present |

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|----------------------------------|--|---------|
| Sabrina Richardson | Caregiver | |
| Eric Scharf | Depression and Bipolar Support Alliance | |
| Dr. Richard Schottenfeld | Howard University Hospital | |
| Senora Simpson | BH Planning Council/Caregiver | |
| John Smith | Prestige Healthcare | |
| Dr. Mario Testani | Beacon Health Options | |
| Fari Ghamina Tumpe | Consumer | |
| Karin Werner | La Clinica Del Pueblo | |
| Joan Williams | SOME | Present |
| Samuel Williams, MD | Magellan Health | |
| Karyn Wills, MD, CHIE | CareFirst CHPDC | Present |
| Joan Yengo | Mary's Center | |
| <i>Ex-Officio Members</i> | | |
| Alvin Hinkle | Department of Behavioral Health | Present |
| Maude Holt | Department of Health Care Finance | |
| Yolanda Lyles | Department of Aging and Community Living | |
| Thomas McQueen | Department of Health | Present |
| Paul Scotman | Child and Family Services Agency | Present |
| Angele Moss-Baker | Department of Behavioral Health | Present |
| Omotunde Sowole-West | Department of Health | Present |
| Kenan Zamore | Department of Health | |

Additional District Government Attendees

| Name | Office or Agency |
|--------------------|-----------------------------------|
| Melisa Byrd | Department of Health Care Finance |
| Amelia Whitman | Department of Health Care Finance |
| Dan Riffle | Department of Behavioral Health |
| Jennifer Joyce | Department of Health Care Finance |
| Taylor Woods | Department of Health Care Finance |
| Atiya Jackson | Department of Behavioral Health |
| Deniz Soyer | Department of Health Care Finance |
| Carleta Belton | Department of Health Care Finance |
| Keri Nash | Department of Behavioral Health |
| Venida Hamilton | Department of Behavioral Health |
| Elizabeth Garrison | Department of Health Care Finance |
| Erin Holve | Department of Health Care Finance |
| Madonna Green | Department of Behavioral Health |

Public Attendees

| Name | Organization |
|--------------|---------------------|
| Karen Ostlie | Catholic Charities |

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| Megan Thomas | Aurrera Health Group |
| Diane Stollenwerk | Consultant to DBH, StollenWerks |
| Jenneil Magpantay | Aurrera Health Group |
| Angela Pickney | Inner City Family Services |

1. Welcome

Melissa Byrd, DHCF

- Dr. Bazron could not join today due to Opioid Summit
- The meeting is being recorded so we can ensure she hears your feedback.
- Thank you for everyone's time and input as it will really help us guide our decisions.

2. Updates

Angele Moss-Baker, DBH

- Updated project plan is forthcoming – will be shared via Work Group liaisons

3. Work Group Updates

Work Group Co-Chairs

a. Work Group 1 - Services to Carve-In

- Work Group 1 submitted recommendations on case management and care coordination. These were focused on how to balance these services at the MCO and provider level. They include:
 - Looking at how case management can continue to be delivered by NCQA standards and health home standards for MCOs and providers, respectively
 - Looking at the carve-in as an opportunity to revitalize Health Homes 1.
 - Ongoing efforts to make sure there is close coordination
 - Within Community Support, making sure that all components still exist.
 - Recommending that work group 3 look at communicating what case management, care coordination, and peer support is to consumers.
 - Designating recovery supportive services as a stand alone Medicaid delivery service and making sure it is not restricted in its setting.
 - Involving stakeholders in ongoing efforts between DHCF and DC Health related to Certified Community Workers.
- On the providers side many care coordination services are not being reimbursed

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- Melisa Byrd asked about the Care Coordination component and what is not reimbursed right now that would be ideal to be reimbursed. One challenge is that this falls in the area of things that become less medical from a Medicaid perspective.
 - Dr. Moghimi noted that in the table from Children's they captured pretty well what is implemented and what is reimbursable vs. what is not. Some examples include the Family Services Coordinator and Parent Navigator program
 - Sarah Hoffman noted that there are a variety of activities that are not getting reimbursed. Some are in the social determinants of health space, but there are also some related to ensuring children/youth/families are connected to BH services and conducting follow up to make sure there is a closed referral loop. Sometimes it's more comprehensive when it's specialty care services. This also contributes to network inadequacy issues because providers are spending time that they would like to be spending working at the top of their licensure
- Alvin Hinkle noted that MCOs are specialized services – would they outsource the care coordination piece to the provider network?
 - Dr. Moghimi said that there are times MCOs have looked at delegating case management, but the issue is NCQA standards would then apply to providers.
- b. Work Group 2 – MCO Contractual Considerations
 - Work Group 2 had a work group meeting today. A lot of level setting was done in previous meetings, but this meeting drilled down more on provider sustainability - things like payments, authorizations, standardization around authorizations, including for specialty services and concerns for providers about needing consistency across MCOs.
 - At the next meeting the work group will look at the Aurrera Health report to ensure that nothing is missed that was identified in that report.
 - Melisa asked about standardizing processes.
- c. Work Group 3 – Beneficiary and Provider Education and Training
 - Work Group 3 has identified Communications as a priority area. As part of this, to develop strategies to prepare people for the transition, the group feels that it is important to assess needs
 - Want to make sure inclusive of all populations

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- Want to make sure information is more centralized so people know where to go for the right information.
- Want to make sure coordinate with DHCF/DBH/MCOs to provider informational forums – efforts across these entities should be coordinated
- Recommend holding at least three provider forums – two for traditional MHRS, one for SUD providers – to gather information as to what they believe their needs are. These forums should also be used to communicate that changes are coming and open lines of communication, as there is already a lot of misinformation being shared. T
- The Work group noted that DHCF has initiated a resource to the provider community – the Integrated Care Technical Assistance – that we should capitalize on and integrate into our TA efforts.
 - Elizabeth Garrison shared that more information about DHCF’s technical assistance can be found at <https://www.integratedcaredc.com/>, which supports providers to integrate SUD, MH, and physical health care
- DBH recently put together a DBH Business Manual that will also be very helpful in the process.
- The work group also wants to take the strategies identified in the Aurrera Report and make them specific to our needs. Training and communication should take place before, during, and after implementation, as noted in the Aurrera Report
- Rhonda Johnson asked about funding for training.
 - There is funding in the FY22 budget to build on the ICTA program.
- Melisa asked about the recommendation that information be centralized – is this one place for everyone or one for providers and one for beneficiaries and consumers?
 - While information may exist in multiple places, there should be one place where it can always be found - think of coronavirus.dc.gov.
- d. Work Group 4 - Performance Measures and Population Monitoring
 - From June meetings, the work group came to set of three recommendations on beneficiary experience. These include:
 - Screening beneficiaries for social determinant of health needs and social health. This must be connected to case management and care coordination efforts
 - Standard self-reported quality of life measure

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- Plans for aging in place for individuals with BH conditions.
- Additional considerations include aligning efforts with case management and care coordination efforts; Thinking about screening in low barrier settings that don't have care coordination or care navigation supports on site; Linking to other efforts to improve beneficiary satisfaction.
- The other issue that arose in this topic area was a real concern about recognizing the link between community violence and gun violence and the need for a BH response. The group didn't come to a specific recommendation, but rather a strong encouragement to deploy real-time trauma responses in community settings and settings such as schools that experience significant violence.
- July conversations will be focused on managed care performance standards and BH within the managed care performance standards. The group really wants to make sure the system does what it needs to do across all levels. Specific conversations will be included around data reporting and data sharing.
- Jean Harris asked about when we will be talking about education for beneficiaries. She noted that they need to know what they will be getting with so many options available to them and need to understand what is being offered. When we are talking about education?
 - This will be a topic of discussion for Work Group 3
 - Melisa Byrd noted that we need to make sure there is a baseline understanding outside of the change.
 - Paul Scotman noted that when New York had their transition that utilized managed care fairs at provider sites.

4. Public Comment

Members of the Public

5. Next Steps and Adjournment

Angele Moss-Baker, DBH